IN THE UNITED STATES PATENT OFFICE

REVOCATION/APPOINTMENT OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

(Application)

Address to:
Assistant Commissioner of Patents
Washington, D.C. 20231

Signature:

SERIAL NUMBER:

10/608,572

FILED:

6/30/2003

FIRST INVENTOR:

MURTUZA ATTARWALA

GROUP ART:

2661

EXAMINER.

N/Δ

Mashington, D.C. 20231 I hereby revoke all previous powers of attorney or authorization of agent in the above-identified application and appoint the following person(s) as my/our attorney(s) or agent(s) to prosecute said application, and to transact all business in the Patent and Trademark Office connected therewith: ☑ Practitioners at Customer Number:21919	Address to:	EXAMINEN.	IN/A		
and appoint the following person(s) as my/our attorney(s) or agent(s) to prosecute said application, and to transact all business in the Patent and Trademark Office connected therewith: Practitioners at Customer Number:21919	Assistant Commissioner of Patents Washington, D.C. 20231	ATTY. DOCKET:	10.0471	·	<u>:</u> :
OR □ Practitioner(s) named below: (give name and registration number) Robert N. Blackmon, Reg. No. 39,494 Merek, Blackmon & Voorhees, LLC 673 S. Washington St. Alexandria, VA 22314 Please change the correspondence address and direct all future correspondence to: ☑ Practitioners at Customer Number: _21919 OR □ Individual Address: Telephone: _703-684-5633	and appoint the following person(s) as my/our atto	rney(s) or agent(s) to	prosecute said applic		
Robert N. Blackmon, Reg. No. 39,494 Merek, Blackmon & Voorhees, LLC 673 S. Washington St. Alexandria, VA 22314 Please change the correspondence address and direct all future correspondence to: Practitioners at Customer Number:					
Merek, Blackmon & Voorhees, LLC 673 S. Washington St. Alexandria, VA 22314 Please change the correspondence address and direct all future correspondence to: Practitioners at Customer Number:21919	Practitioner(s) named below: (give name and re	egistration number)		: :	
Practitioners at Customer Number: 21919 OR □ Individual Address: Telephone: 703-684-5633 Facsimile: 703-684-5637 I am the: ☐ Applicant ☑ Assignee of Interest SIGNATURE of Applicant or Assignee of Record	Merek, Blackmon & Voorhees, LL 673 S. Washington St.				
OR ☐ Individual Address: Telephone:	Please change the correspondence address and d	lirect all future corresp	ondence to:		
Telephone:				•	
I am the: ☐ Applicant ☑ Assignee of Interest SIGNATURE of Applicant or Assignee of Record	☐ Individual Address:				
I am the: ☐ Applicant ☑ Assignee of Interest SIGNATURE of Applicant or Assignee of Record					
☐ Applicant ☑ Assignee of Interest SIGNATURE of Applicant or Assignee of Record	Telephone: 703-684-5633 Facsimile	: 703-684-5637		· ·	· ·
	☐ Applicant				
Typed or Printed Name:Tyler Brown, Chief I.P. Counsel, CIENA	SIGNATURE of App	licant or Assignee o	f Record		<u> </u>

Date ___